

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **09/446449**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		12					53						
4		21					54						
5	1						55						
6		1					56						
7		12					57						
8		21					58						
9	1						59						
10		1					60						
11		1					61						
12		1					62						
13		1					63						
14		51					64						
15		18					65						
16	1						66						
17	1						67						
18		1					68						
19	1						69						
20		1					70						
21		1					71						
22		1					72						
23		10					73						
24		1					74						
25		10					75						
26		1					76						
27		10					77						
28		1					78						
29	1						79						
30	1						80						
31	1						81						
32	1						82						
33		1					83						
34		12					84						
35		21					85						
36		12					86						
37		1					87						
38		10					88						
39		1					89						
40		10					90						
41		1					91						
42		10					92						
43		1					93						
44		10					94						
45		1					95						
46	1						96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	11						TOTAL IND.						
TOTAL DEP.	35						TOTAL DEP.						
TOTAL CLAIMS	46						TOTAL CLAIMS						

Best Available Copy